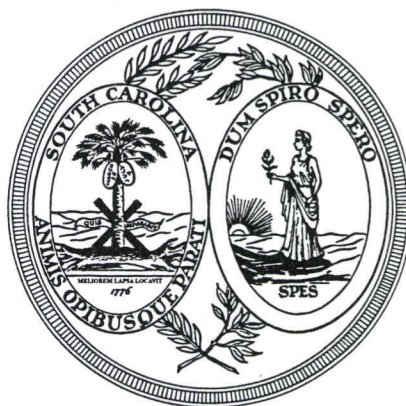


Alc/87  
3. A22  
1996/97  
Copy 2

J20

**South Carolina Department  
of Alcohol and Other Drug  
Abuse Services**

**Annual Accountability Report  
for  
Fiscal Year 1996-97**



**S. C. STATE LIBRARY**  
JAN 16 1998  
**STATE DOCUMENTS**

**Beverly G. Hamilton  
Director**

**Submitted  
October 15, 1997**

**RECEIVED**

OCT 29 1997  
Budget & Control Board  
OFFICE OF STATE BUDGET



## *State of South Carolina*

### *Department of Alcohol and Other Drug Abuse Services*

DAVID M. BEASLEY  
Governor

BEVERLY G. HAMILTON  
Director

October 15, 1997

Mr. George N. Dorn, Director  
Office of State Budget  
State Budget and Control Board  
1122 Lady Street, 12<sup>th</sup> Floor  
Columbia, South Carolina 29201

Dear Mr. Dorn:

Per Section 1-1-810 and 1-1-820 of the South Carolina Code of Laws, as amended, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) herein transmits the Accountability Report for fiscal year 1997. This annual report details the department's mission, a description of priority programs and services, goals and objectives to accomplish the agency mission through appropriate programming, and performance measures that detail services provided.

To comply with the 1997 Accountability Report Guidelines and requests from the House Ways and Means Committee, the department has provided a document which, in greater detail, outlines efforts to implement a new management philosophy and a strategic planning process to achieve overall greater accountability. The following is a brief description of how the department determined the agency mission, program objectives, and performance measures.

#### The Mission Statement

The department's mission statement is reflective of an organization reaching out to meet the challenge of a dynamic health care environment. The provision of alcohol and other drug abuse services, or behavioral health care, must be integrated with the provider community at-large. The mission statement embodies this desire and provides a basis for DAODAS to move forward into the 21<sup>st</sup> century with a focus on the customer.

The current mission statement has been refined over several years as part of the department's strategic planning process, implemented in 1995. The management team, consisting of the department executive director, deputy directors, and departmental directors, with local provider representatives, developed the statement upon review of enabling statutes, past history as the single state authority for the delivery of alcohol and drug abuse services, and a survey of the overall health care industry. Each year, the management team reviews the mission statement to ensure that it continues to reflect the agency's purpose and to consider issues external to the department that could alter that direction.



Mr. Dorn continued  
October 15, 1997  
page two

### Program Objectives

To determine programmatic objectives, the DAODAS management team has decentralized the decision making process to allow each priority program to determine appropriate goals and objectives. DAODAS has also adopted nationally established criteria based on the *American Society of Addiction Medicine's (ASAM) Patient Placement Criteria for the Treatment of Substance Abuse Disorders*. These criteria set overall goals and objectives per a prescribed level of service. Levels of service range from early intervention services through outpatient services to medically-monitored intensive outpatient services. The department has refined these goals and objectives for each program to meet the unique needs of providing services in South Carolina. Utilizing ASAM is a benchmark identified in Governor Beasley's Health and Human Services Plan for 1997.

### Performance Measures

DAODAS has stated performance measures as outputs. During FY97, the department installed a new management information system (MIS) to better track a client's experience while undergoing treatment in the public alcohol and drug abuse system. It is the department's hope that this new system will yield more accountable outcomes in the FY98 annual report.

### Conclusion

The Department of Alcohol and Other Drug Abuse Services has, to the best of its ability, complied with the guidelines and directives as prescribed. Should there be any questions regarding the information included, please contact Stephen L. Dutton, Executive Assistant, at (803) 734-9676. I hope the information provided is of assistance.

Sincerely,



Beverly G. Hamilton, MHSA, MCHE  
Executive Director

BGH/sld

## Executive Summary

### DAODAS 1996-1997 Accountability Report

Alcohol and other drug problems continue to affect South Carolinians of all ages and from all walks of life. Problems surface in our schools, in our workplaces, on our highways, in our health care system and in our criminal justice system. Estimates reveal that approximately 260,000 South Carolinians are currently experiencing problems with alcohol and/or other drugs that require intervention or treatment. More specifically, one in four South Carolinians experiences family problems related to the use of these substances. As a result, excess health care and treatment costs associated with the use of alcohol and other drugs totals approximately \$195 million a year.

For these reasons, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) offers a variety of prevention, intervention and treatment services to reduce problems among the general public as well as among specifically identified high-risk groups. Because virtually no segment of society is immune to the many types of problems caused by the use of these substances, the department strives to develop and implement cost-effective services that are collaborative in nature in order to reach populations typically served through existing agencies and organizations.

#### General Program Goals

The department seeks to ensure the availability of a comprehensive array of alcohol and other drug abuse services through the 34 county alcohol and drug abuse authorities and through a select group of diverse agencies serving special populations. Specific services represent three distinct areas of programming: (1) prevention; (2) intervention; and (3) treatment.

**Prevention** services are designed to avoid the development of problems related to the use of alcohol and other drugs among the general public and specific high-risk groups. Services are implemented in schools and communities throughout the state.

**Intervention** programs work through existing systems (criminal justice, health, education, etc.) to identify individuals who are at risk of experiencing specific problems and to provide educational and treatment services as needed.

**Treatment** services are designed to stop the disabling effects of alcohol and other drug abuse and/or dependence and to prevent their recurrence and further disability. Specific services range from outpatient treatment, which is available in every county of the state, to several specialized treatment services. These specialized services are available on a regional or statewide basis and include intensive outpatient treatment, detoxification, and residential/inpatient treatment services. In addition, the department contracts to offer services to specific populations, which include women, adolescents, and incarcerated offenders.



## **Ranking Criteria**

In an attempt to improve the delivery of services at both the state and local levels, the department has taken several steps in recent years to refine program operations and to focus on providing quality alcohol and drug abuse services. Beginning in 1994 and continuing through 1995, the department instituted strategic planning in order to meet the challenges of a changing behavioral health care field. The strategic planning process has provided DAODAS and its local providers a means to develop a course for the future, to define critical issues, and to set realistic goals and objectives to address those critical issues. A 'team concept' is at the heart of the continuous strategic quality planning process that the department adopted to reinforce the strengths of the agency, while taking advantage of the opportunities that the changing behavioral health care field offers.

DAODAS is currently in the final year of three year strategic plan and has utilized the strategic planning process to rank program priorities, while also relying on available in-house research to reinforce the decision making process. Naturally, an external factor may cause a change in direction, but the strategic planning process represents the DAODAS resolve, as representative of a system of providers of substance abuse services, to evolve into a stronger, more effective organization for the citizens of South Carolina.

## **Goals, Objectives and Outcomes**

The description of programs reflects action-oriented goals and objectives that address policy intentions for each of the ranked service areas. Performance measures are included to document the quantity of the work achieved during the reporting period, primarily in terms of outputs such as client caseloads and service volume. Where possible, outcome data is included, though limited at this time. The FY98 accountability report will have the benefit of data from a new management information system which will allow for collection of much more focused outcome data. This is a major goal for DAOAS during FY98.

## **Customer Focus**

To address customer focused efforts, DAODAS began to implement the principles of total quality management (TQM), a strategic integrated management system for achieving customer-focused services. This philosophy will assist DAODAS in becoming more responsive to the needs of South Carolinians.

## **1997 Highlights**

Although there were many programmatic accomplishments throughout the year, DAODAS worked diligently during FY97 to ensure the delivery of quality services through the county authorities. The department has placed major emphasis during the past few years on providing financial and technical assistance to the local authorities as they have pursued national accreditation, a contractual requirement for all local service providers beginning July 1, 1997.

The department is pleased to report that all of the state's 34 county authorities have received national accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF), a nationally recognized authority on quality services for people with disabilities. South Carolina is the second state in the nation to achieve national accreditation for the entire statewide public alcohol and drug service-delivery system. South Carolina was the *first* state in which national accreditation was achieved by *all* service providers on their *first* attempt. This achievement by the 34 public providers ensures that a higher standard of care is being delivered to the citizens of South Carolina.

### Interagency Collaboration

Because alcohol and other drug problems cut across all segments of the population, the department works with numerous agencies and organizations to develop and implement interagency collaborative efforts to reach individuals and families that are typically served by other existing organizations, such as schools, criminal justice agencies, mental health departments, health departments, law enforcement agencies, juvenile justice agencies and social service agencies.

Examples of the collaborative efforts currently underway include core group efforts established with Department of Social Services to address the *Family Independence Act of 1995* and the *Child Care Code Amendments of 1996*; targeted programming, in conjunction with the Department of Juvenile Justice, to provide services to incarcerated adolescents; specific dual diagnosis programs operated in conjunction with the Department of Mental Health; a partnership with the South Carolina Department of Public Safety's Division of Motor Vehicles to purchase computer software to enable the color-coding of driver's licenses, permits and identification cards issued to individuals under the age of 21 and 18; a partnership with the South Carolina Department of Health and Human Services (DHHS) to ensure the delivery of appropriate alcohol and other drug abuse inpatient and outpatient treatment services for the state's Medicaid-eligible population; and a cross agency effort to reduce youth access to tobacco in order to comply with the federal Public Health Service Act of 1993.

### Conclusion

The Department of Alcohol and Other Drug Abuse Services is an agency in transition. Over the last three years, the agency has made great strides in providing alcohol and other drug abuse treatment services in a more efficient manner. The department will continue to focus on creating a comprehensive system of accredited and quality service providers.



# *The South Carolina Department of Alcohol And Other Drug Abuse Services*

## *Mission Statement*

To address the diverse and widespread nature of alcohol and other drug problems facing South Carolinians today, DAODAS continued during fiscal year 1996-97 (FY97) to work toward its mission of providing a wide range of services to meet the needs of the state's residents. Following is the department's mission statement:

*The South Carolina Department of Alcohol and Other Drug Abuse Services will manage and coordinate the evolution of a comprehensive system of public and private alcohol and drug abuse prevention, intervention and treatment providers. This will be accomplished by:*

- ♦ *ensuring the highest quality community-based prevention, intervention, assessment and referral services for the citizens of South Carolina;*
- ♦ *ensuring access to a quality continuum of treatment services by the provider(s) delivering appropriate care for the best value and achieving the best outcomes for the state's citizens; and*
- ♦ *promoting cooperative efforts among public, private and social sector organizations that serve the full behavioral and physical health needs of all South Carolinians.*

*In short, the department will strive to ensure:*

*Quality Services...*

*Quality Access...*

*Quality Outcomes.*

## *Description of Ranked Programs*

DAODAS utilized the strategic planning process to determine those issues critical to meeting the challenges of the changing health care environment. At the end of a three year strategic plan, the DAODAS management team continues to assess critical issues identified in the plan, and to assess corresponding goals and objectives. In addition, the management team considers external policies which may force the department to alter its direction. The management team has been fortunate to augment this process with invaluable in-house data to assist in ranking priorities and providing needed services to the citizens of South Carolina.

### **PRIORITY AREA I: Treatment Services**

The department continued to place major emphasis in FY97 on a variety of treatment services. The management team ranked the provision of treatment as its number one priority and as essential to the department's mission. Treatment service priorities during FY97 included outpatient treatment, a transitional outpatient treatment program for youth (funding requested); intensive outpatient treatment; detoxification services; residential treatment; inpatient treatment (provided to target populations); and dual diagnosis day treatment programming. The four high-priority populations include: (1) women; (2) adolescents; (3) incarcerated juvenile criminal offenders; and (4) incarcerated juvenile offenders. Therapeutic alcohol and drug services for juvenile substance abusers are benchmarks for success as identified in Governor Beasley's Health and Human Services Plan for 1997. Benchmarks are defined as policy goals, rather than standards for best practices.

---

#### **PRIORITY #1**

**PROGRAM NAME:**     *Outpatient Treatment*

**Description:**

Outpatient treatment is available throughout the state for individuals and families who are suffering from problems related to their use of alcohol and other drugs. The least restrictive of all the services provided by the county authorities, traditional outpatient treatment includes assessment and referral, individual and group counseling, family counseling, case management and crisis management services. Outpatient treatment services are designed to treat the individual's level of problem severity and to achieve permanent changes in his or her alcohol and other drug using behavior. These services address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of treatment or the individual's ability to cope with major life tasks without the



non-medical use of alcohol or other drugs. The length and the intensity of outpatient treatment varies according to the severity of the individual's illness and response to treatment.

**PROGRAM COST:** Outpatient treatment services delivered during FY97 were supported by a combination of state funds appropriated through the General Appropriations Act and federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant.

**FY97 Funding:**

**Total:** \$7,031,070: \$1,541,683 State Appropriations  
\$5,489,387 Federal Block Grant

**PROGRAM GOAL:** To provide a comprehensive array of community-based treatment services for individuals who are experiencing personal and/or family problems as a result of alcohol and other drug use.

**PROGRAM OBJECTIVES:**

- 1) To provide assessment-based services in an outpatient clinical setting for the individual and family members.
- 2) To provide services based on the unique needs of each individual.
- 3) To provide continuing care services for individuals following their release from more intensive residential or inpatient treatment facilities.
- 4) To provide a comprehensive array of outpatient services to help individuals reclaim their lives and return to an acceptable level of productivity.

**PERFORMANCE MEASURES:**

During FY97, 266,423 hours of outpatient treatment services were delivered through the county alcohol and drug abuse authorities (*output*).

---

**PRIORITY#1A**

**PROGRAM NAME:** *Outpatient Treatment - The Bridge*

**Description:** This specialized program provides transitional services for adolescents who are preparing to leave alcohol and other

drug inpatient treatment facilities, juvenile justice facilities or other residential settings and return home to their families and communities. By providing a gradual "step down" transition from an institutional setting and into the community, the program works with both adolescents and their families to increase the chances of a successful return home and to reduce the risk of recidivism.

**PROGRAM COST:** During FY97, *The Bridge* was supported by a combination of state funds appropriated through the General Appropriations Act and other federal funds.

**FY97 Funding:**

<b>Total:</b> \$477,875	\$314,693 State Appropriations
	\$163,182 Other Federal

**PROGRAM GOAL:** To increase the chances of an adolescent's successful reintegration into the home and the community following release from an inpatient, juvenile justice or residential treatment setting in an effort to reduce the likelihood of recidivism.

**PROGRAM OBJECTIVES:**

- 1) To increase the adolescent's chances of becoming healthy, productive adults by:
  - reducing the recurrent use of alcohol, tobacco and other drugs;
  - reducing juvenile offenses, including truancy and delinquency;
  - reducing school dropouts;
  - reducing high-risk sexual activity associated with teenage pregnancies and sexually transmitted diseases (STDs), including HIV/AIDS;
  - reducing violent behavior; and
  - improving life skills.
- 2) To teach parents and other significant family supports how to create a recovery environment that reinforces positive adolescent behavior patterns learned during residential treatment. This includes:
  - strengthening parenting skills and improving family functioning;
  - developing a social support network for parents and others; and



- providing alcohol and other drug treatment and/or economic and vocational assistance necessary to address family problems.

## **PERFORMANCE MEASURES:**

Performance measures for *The Bridge* fell into three areas, all dealing with *outcomes*. The first outcome measure reflected lower recidivism rates in the juvenile justice and corrections system. As of the end of FY97, the re-incarceration rate for all graduates of the program was only 19.2 percent. The 12-month re-incarceration rate was even lower at 12.5 percent. The second measure reflected a reduction in use of alcohol, tobacco or other drugs by youth both during their participation, and after their graduation from the program. As of June 30, 1997, use had decreased among all participants. In addition, 76 percent of all graduates were abstinent at the time of graduation. Only 7 percent of graduates have returned to public inpatient treatment. The third outcome measure reflected improvements in education and/or stable employment. As of June 30, 1997, 34 percent of all graduates had completed high school or earned their GEDs; an additional 55 percent had continued to participate in high school or in GED preparatory work. In addition, 71 percent of all graduates had become employed, 45 percent of whom had obtained full-time employment following their participation in the program. The provision of therapeutic alcohol and drug services for juvenile substance abusers is a benchmark identified in Governor Beasley's Health and Human Service Plan for 1997.

---

## **PRIORITY #2**

**PROGRAM NAME:** *Intensive Outpatient Treatment*

**Description:**

Intensive outpatient (IOP) treatment is provided for individuals who are experiencing problems that warrant more extensive treatment than is available through traditional outpatient counseling, but not severe enough to require the structure of an inpatient treatment setting. Individuals receive a minimum of nine hours of clinical services per week. The programs are linked with other levels of care for referrals and are frequently affiliated with ancillary "wrap-around" support services, such as child

care, transportation and vocational training. In addition, intensive outpatient programs have the ability to arrange for medical and psychological consultation, psychopharmacological consultation and 24-hour crisis services. All of the IOP components provide family counseling as a core service component. IOP services are accessible on a regional basis, or where a local strategic planning process has indicated a need for such a service. Several IOP providers offer both evening and day programs to better accommodate the needs of the consumer. In addition, there are four IOPs exclusively for adolescents and 11 IOPs exclusively for women (10 funded directly by DAODAS).

***PROGRAM COST:***

IOP services delivered during FY97 were supported by a combination of state funds appropriated through the General Appropriations Act and federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant.

**FY97 Funding:**

<b>Total:</b>	<b>\$1,669,670:</b>	<b>\$723,187</b>	<b>State Appropriations</b>
		<b>\$946,483</b>	<b>Federal Block Grant</b>

***PROGRAM GOAL:***

To provide more intensive, yet cost-effective, outpatient services to individuals who are in need of more extensive services than are offered through traditional outpatient counseling, but whose problems do not require the structure of an inpatient treatment setting.

***PROGRAM OBJECTIVES:***

- 1) To provide an intensive treatment program for individuals who have the support systems in place that allow them to remain at home while receiving treatment for problems related to their use of alcohol and other drugs.
- 2) To provide intensive treatment that places special emphasis on the unique treatment needs of adolescents and women.
- 3) To provide a safe, supportive environment for individuals to begin the recovery process.
- 4) To provide group counseling.
- 5) To provide family counseling.
- 6) To provide life skills development.



- 7) To provide an orientation to self-help groups.

**PERFORMANCE MEASURES:**

During FY97, 4,342 individuals received 216,183 hours of service through the IOPs operated by the county alcohol and drug abuse authorities (*output*). This is an average of 49.79 hours per client (*efficiency*). Of this total, 208 adolescents received 12,788 hours of service (*output*) through the four adolescent IOPs, averaging 61.48 hours of service per adolescent (*efficiency*). In addition, 1,744 women received 97,752 hours of service (*output*) through the 11 women's IOPs, for an average of 56.05 hours of service per woman (*efficiency*).

---

**PRIORITY #3**

**PROGRAM NAME:**     *Detoxification Services*

**Description:**

Three types of detoxification services are available in the state to assist individuals who are experiencing withdrawal from the physical effects of alcohol and other drugs. Medically monitored inpatient detoxification programs provide 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and procedures or clinical protocols. Clinically managed residential detoxification programs (social) provide 24-hour intensive supervision, observation and support by appropriately trained professionals. This level of service is characterized by peer support. Ambulatory detoxification without extended onsite monitoring is provided on an outpatient basis as delivered by trained clinicians who provide medically supervised evaluation, detoxification, and referral services according to a predetermined schedule and delivered under a defined set of policies and procedures or medical protocols.

**PROGRAM COST:**

Detoxification services were supported during FY97 by a combination of state appropriations through the General Appropriations Act and federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant.

**FY97 Funding:**

Total: \$2,192,328:	\$1,792,328	Federal Block Grant
	\$400,000	State Appropriations

**PROGRAM GOAL:** To provide supervised physical withdrawal from alcohol and other drugs.

**PROGRAM OBJECTIVE:**

To support an individual's motivation to remain in treatment and to facilitate appropriate referrals to other components of the treatment system for after care.

**PERFORMANCE MEASURES:**

During FY97, 4,299\* individuals received a total of 18,022 days of service through the detoxification programs operated by the county alcohol and drug abuse authorities (output). *Note: Ambulatory detoxification was newly implemented during FY97. Client numbers are not included in this report.*

---

**PRIORITY #4**

**PROGRAM NAME:** *Residential Treatment*

**Description:** Residential services are available in selected locations of the state for individuals who need a structured living environment to assist them in the process of recovery. Residential programs provide short-term therapeutic accommodations in a group setting for individuals who require this type of environment after a more intensive phase of treatment and before returning to independent life in the community. In addition to offering a structured living environment, these transitional programs provide individual, group and family counseling and promote stabilization and continued involvement in the treatment process. (*Note: See "Treatment Services for Women and Dependent Children," "Treatment Services for Incarcerated Juvenile Offenders," and "Treatment Services for Incarcerated Adult Offenders" for additional information about residential treatment services available for these special populations.*)



**PROGRAM COST:** Residential services delivered in FY97 were supported entirely by federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant.

**FY97 Funding:**

**Total:** \$176,682: \$176,682 Federal Block Grant

**PROGRAM GOAL:** To provide an environment for the delivery of treatment services that increases the individual's likelihood of recovery, reduces the risk of relapse and facilitates a successful reentry into the community.

**PROGRAM OBJECTIVES:**

- 1) To provide short-term therapeutic accommodations in a group setting to recovering individuals who need an interim placement following more intensive treatment and prior to returning home.
- 2) To provide counseling services in a residential setting to assist individuals in establishing a more solid program of recovery.
- 3) To provide intensive treatment through a comprehensive array of services, with particular emphasis on family participation.

**PERFORMANCE MEASURES:**

During FY97, 1,063 individuals received a total of 39,159 days of service through the residential treatment programs operated by the county alcohol and drug abuse authorities (output).

---

**PRIORITY #5**

**PROGRAM NAME:** *Treatment Services for Women and Dependent Children*

**Description:** A comprehensive array of treatment services for women and their dependent children are available in several locations of the state. Specifically, there were 11 IOPs in FY97 supported by the state that provided services exclusively for women. In addition, the department supported four long-term residential treatment programs for this population. These treatment programs maintained

a capacity of 56 beds specifically for women, with 3 sites allowing women to bring a limited number of dependent children into treatment. The department also provided support for specialized treatment services for this population, including therapeutic child care. Therapeutic child care is a psychosocial and development system of services for young children whose goal is to promote children's developing competencies. Three local agencies provided intensive in-home services for families who are experiencing problems related to the use of alcohol or other drugs and where there is imminent danger that a child will be removed from the home.

***PROGRAM COST:***

Women's services delivered during FY97 were supported by federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant and a federal grant from the U.S. Center for Substance Abuse Treatment.

***FY97 Funding:***

**Total:** \$2,166,256: \$2,030,230 Federal Block Grant  
\$136,026 Other Federal

***PROGRAM GOAL:***

To increase a woman's likelihood of recovery, reduce her risk of relapse and facilitate her successful reentry into the community by offering comprehensive, women's-oriented treatment services for problems related to the use of alcohol and other drugs.

***PROGRAM OBJECTIVES:***

- 1) To provide services for women that place special emphasis on their unique treatment needs and to provide a non-punitive, family-centered approach to the treatment of women and their dependent children.
- 2) To provide a safe, supportive living environment for pregnant and postpartum women, their infants and children to assist them in beginning the process of recovery.
- 3) To provide a living environment that reduces a woman's risk of relapse and facilitates her successful reentry into the community following completion of a more structured treatment regimen.
- 4) To identify women in need of services and encourage their involvement in individualized treatment.



- 5) To intervene in families where there is imminent danger that a child will be removed from the home in order to assist in preserving the family unit and providing necessary treatment services.
- 6) To provide an environment in which women can learn and practice more effective parenting skills.
- 7) To provide a therapeutic learning environment for children of mothers who are experiencing problems related to their use of alcohol or other drugs.

#### **PERFORMANCE MEASURES:**

During FY97, 15,597 women received services through the county alcohol and drug abuse authorities (*output*). Of these, 1,744 women received 97,752 hours of service through the 11 women's IOPs. Long-term care provided through the four women's residential treatment programs reached 275 women (*output*). In addition, 145 children received therapeutic child care through the three programs targeting this population (*output*). Intensive in-home services were provided to 82 children (*output*). Each child and family served by the program received an average of 42.85 hours of service (*efficiency*).

---

#### **PRIORITY #6**

**PROGRAM NAME:**     *Adolescent Inpatient Treatment*

**Description:**

Inpatient treatment services are available for adolescents ages 13 to 17 at the William J. McCord Adolescent Treatment Facility in Orangeburg. The most restrictive level of care, this inpatient treatment is a short-term service for adolescents who need a structured, intensive treatment program in an inpatient setting to help facilitate their alcohol and other drug rehabilitation. This 15-bed facility is a medically monitored service that provides 24-hour medical and nursing coverage, as well as individual, group and family counseling and a range of other ancillary services to assist the adolescents in beginning the long-term process of recovery. The program also offers psychological, psychiatric, laboratory and other toxicology services as needed.

**PROGRAM COST:**

Inpatient treatment services delivered during FY97 were supported entirely by federal funds allocated to South Carolina through the Substance Abuse Prevention and

Treatment Block Grant.

**FY97 Funding:**

**Total:** \$488,150:                      \$488,150 Federal Block Grant

**PROGRAM GOAL:** To provide a medically monitored environment for the delivery of treatment services to increase the adolescent's likelihood of recovery, reduce the risk of relapse, and facilitate a successful return to the community.

**PROGRAM OBJECTIVES:**

- 1) To provide short-term medically monitored treatment in a highly structured environment for adolescents who need alcohol and other drug rehabilitative services.
- 2) To provide counseling services, including individual, group and family, on a regular basis to meet the specific treatment needs of each individual.
- 3) To provide a structured alcohol and other drug abuse treatment program.
- 4) To provide dietary services, room, board and other care and supervision necessary for the health and safety of the adolescent.
- 5) To provide a plan for continuing care to include referrals for follow-up treatment and involvement in self-help groups following discharge from inpatient care.

**PERFORMANCE MEASURES:**

During FY97, 127 adolescents received a total of 3,117 days of inpatient treatment (*output*) through this program. The average length of stay was 24.5 days (*efficiency*).

---

**PRIORITY #7**

**PROGRAM NAME:**        *Treatment Services for Incarcerated Juvenile Offenders*

**Description:**

Through the Omega Therapeutic Community, the department provides residential treatment services for male juvenile offenders who have a history of alcohol and/or other drug problems. Housed at the South Carolina Department of Juvenile Justice (DJJ), this 36-bed program provides an extensive array of residential



treatment services, as well as offering access to continued care after the juveniles are released from DJJ. The program is an interagency collaborative effort funded by the South Carolina Department of Public Safety and operated by DAODAS.

***PROGRAM COST:***

FY97 was the second year of operation for this initiative. The program was supported this year by a federal grant from the U.S. Department of Justice which was administered by the South Carolina Department of Public Safety.

**FY97 Funding:**

**Total:** \$310,854:    \$310,854    Other Federal

***PROGRAM GOAL:***

To reduce recidivism among male juvenile offenders who have a history of alcohol and other drug problems by providing a highly structured and intense treatment environment during incarceration and continuing care following incarceration in order to assist the juveniles in maintaining abstinence and in developing and adopting pro-social values.

***PROGRAM OBJECTIVES:***

To offer a wide range of residential treatment services to increase the likelihood that juvenile offenders will become more fully functional young men in all areas of their life by:

- 1) stopping the addiction process and developing a lifetime commitment to recovery;
- 2) eliminating criminal behaviors and developing positive life skills; and
- 3) providing an intense range of educational and support services to assist juvenile offenders in achieving the goal of the program.

***PERFORMANCE MEASURES:***

Since the program's inception in February 1996 through June 30, 1997, 142 juvenile offenders received services through this residential treatment program (*output*). Therapeutic alcohol and drug services for juvenile substance abusers are a benchmark as identified in

Governor Beasley's Health and Human Services Plan for  
1997.

---

**PRIORITY #8**

**PROGRAM NAME:** *Treatment Services for Incarcerated Adult Offenders*

**Description:** Recognizing the need for residential addictions treatment services for incarcerated adult criminal offenders, the department operated two residential addictions treatment programs for incarcerated adults in FY97. Through this collaborative effort involving DAODAS, the South Carolina Department of Corrections and the South Carolina Department of Probation, Parole and Pardon Services, the state provided support for 222 treatment beds for incarcerated adult (male/female) offenders in South Carolina. Through these programs, adult offenders receive residential addictions treatment services during incarceration and continuing care through the county alcohol and drug abuse authorities upon their return to their communities.

**PROGRAM COST:** During FY97, the incarcerated adult offender programs were supported by a combination of funds from state and federal sources contracted to DAODAS through the South Carolina Department of Corrections and from federal categorical grant funds awarded to DAODAS by the U.S. Department of Health and Human Services on the basis of competitive application.

**FY97 Funding:**

<b>Total:</b> \$761,754:	\$572,101	State Appropriations
	\$189,753	Other Federal

**PROGRAM GOAL:** To reduce recidivism among this population by providing comprehensive residential addictions treatment services and continuing care to help criminal offenders return to a productive lifestyle following incarceration free from the negative influences of alcohol and other drugs.

**PROGRAM OBJECTIVES:**

- 1) To provide identification, assessment and treatment services for alcohol and other drug abusing adult



criminal offenders through residential treatment programs housed in correctional settings.

- 2) To provide continuing care for the offenders upon their release from incarceration and their return to the community.

### **PERFORMANCE MEASURES:**

During FY97, 46 adult female offenders successfully completed the Genesis Program and 234 male adult male offenders completed the New Connections Therapeutic Community (*output*). External outcome evaluation studies with this population are in process.

---

### **PRIORITY #9**

**PROGRAM NAME:** *Dual Diagnosis Day Treatment Program*

**Description:**

This treatment option is designed for individuals who suffer from concurrent mental health and substance abuse disorders, commonly known as "dual diagnosis." Dual diagnosis began in April 1996 to provide intensive outpatient treatment for individuals whose problems warrant more extensive services than are available through traditional outpatient treatment but not severe enough to warrant the intensity or confinement of inpatient hospitalization. Because the family is the primary support for many of these individuals, the program provides services for family members as well. This joint venture involves the South Carolina Department of Mental Health and other mental health service providers. Program services were provided by Keystone Substance Abuse Services (York County) and the Lexington Richland Alcohol and Drug Abuse Council.

**PROGRAM COST:**

Dual diagnosis day treatment programs through DAODAS were funded in FY97 entirely by federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant.

**FY97 Funding:**

**Total:** \$166,000

\$166,000 Federal Block Grant

**PROGRAM GOAL:** Dual diagnosis treatment programs are designed to provide intensive outpatient services to individuals who are in need of more than traditional outpatient treatment services. Specific goals are:

- 1) To create a single, progressive management program that focuses on both the mental health and addiction problems;
- 2) To use multi-agency team approaches at the community level for treatment planning and implementation;
- 3) To establish local centers with joint funding, staffing and operations; and
- 4) To train caregivers to correctly assess and the effectively treat dual diagnosis patients through a defined model of care.

**PROGRAM OBJECTIVES:**

- 1) To reduce the individual's continued use of alcohol and other drugs.
- 2) To reduce criminal behavior.
- 3) To reduce high-risk sexual activity associated with sexually transmitted diseases.
- 4) To develop coping skills and other life skills that can help prevent relapse.
- 5) To develop support systems within the community to help sustain a stable and drug-free lifestyle.

**PERFORMANCE MEASURES:**

Since the program's inception in April 1996 through June 30, 1997, 53 individuals in York County received services through the dual diagnosis day treatment program (*output*); 33 individuals received services at the Lexington/Richland site, which closed in February of 1997 (*output*).

<b>PRIORITY AREA II: Intervention Services</b>
--

The department continued to work through existing systems (criminal justice, health, education, etc.) to identify individuals who are at risk of experiencing problems related to their use of alcohol and other drugs and to provide educational, early intervention and treatment services as needed for these populations. Specific intervention programs continued during FY97 include the School Intervention Program; the Offender-Based Intervention Program; the Alcohol and Drug Safety Action Program; and the HIV and TB early intervention services.



---

**PRIORITY #10**

**PROGRAM NAME:** *School Intervention Program*

**Description:** The School Intervention Program (ScIP) provides intensive therapeutic counseling services to students at risk for alcohol and other drug abuse. ScIP is targeted primarily toward high-risk students in grades 7 through 12 who are identified through the school system. The program provides intervention and treatment services to address a wide range of personal or behavioral problems at an early stage in problem development. ScIP offers an opportunity for students to learn new ways of coping with difficulties in order to avoid the development of more serious problems in the future. The program is designed to deal specifically with the unique characteristics of alcohol and other drug use and other high-risk behaviors as they affect both students and their families.

**PROGRAM COST:** During FY97, ScIP was supported primarily through funding provided by the Education Improvement Act (EIA), state appropriations, and some federal funds allocated through the Substance Abuse Prevention and Treatment Block Grant.

**FY97 Funding:**

<b>Total:</b>	\$1,186,908:	\$885,543	EIA
		\$275,492	State Appropriations
		\$25,873	Federal Block Grant

**PROGRAM GOAL:** To provide intense therapeutic services for adolescents to increase their likelihood of adapting and functioning successfully in the school and in the community at large.

**PROGRAM OBJECTIVES:**

To provide an array of services designed to increase students' chances of becoming healthy, productive adults by:

- 1) reducing the use of alcohol and other drugs;
- 2) reducing high-risk sexual activity associated with teenage pregnancies and sexually transmitted diseases (STDs), including HIV/AIDS;
- 3) reducing violent behavior; and
- 4) improving life skills.

## **PERFORMANCE MEASURES:**

During FY97, 5,154 adolescents received services through this program (*output*). In addition, 43,476 hours of direct counseling services were provided in 86 school districts and 630 individual schools (*output*).

---

### **PRIORITY #11**

**PROGRAM NAME:**     *Offender-Based Intervention Programs*

**Description:**       The state's Offender-Based Intervention (OBI) Programs provide services for individuals who are referred to the county alcohol and drug abuse authorities as the result of an alcohol or other drug or other related arrest, excluding DUI. In addition, individuals who have been convicted of felonies are referred to OBI programs upon their release from the correctional system if alcohol or other drugs were identified as a contributing factor in the crime itself. Referrals are made to the programs as a condition of sentence, probation or parole and at other points in the criminal justice process. The department also placed special emphasis this year on efforts to expand its support of offender-based programming by providing technical assistance to judicial districts interested in planning or developing Drug Treatment Courts. Drug Courts have been identified as a benchmark in Governor Beasley's Health and Human Service Plan for 1997.

**PROGRAM COST:**       These programming efforts were supported during FY97 by a combination of state funds appropriated through the annual Appropriations Act and federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant.

#### **FY97 Funding:**

<b>Total:</b> \$81,506:	\$78,701	State Appropriations
	\$2,805	Federal Block Grant

**PROGRAM GOAL:**       To provide alcohol and other drug treatment and case management services for individuals who are referred through the criminal justice/correctional system.



**PROGRAM OBJECTIVES:**

- 1) To provide appropriate levels of care for substance abusing offenders and their families referred from the criminal justice system.
- 2) To provide continuing care services for offenders who are discharged from residential addictions treatment programs located in correctional settings.

**PERFORMANCE MEASURES:**

During FY97, 6,885 individuals received services through the OBI Programs operated by the county alcohol and drug abuse authorities (*output*).

---

**PRIORITY #12**

**PROGRAM NAME:** *Alcohol and Drug Safety Action Program*

**Description:** The statewide Alcohol and Drug Safety Action Program (ADSAP) provides assessment, education, intervention and treatment services for individuals who are convicted of driving under the influence (DUI). State law requires all individuals who are convicted of DUI to successfully complete the program before they can be eligible for re-licensing by the Department of Public Safety.

**PROGRAM COST:** This program was supported during FY97 by a combination of state funds appropriated through the annual Appropriations Act and federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant.

**FY97 Funding:**

<b>Total:</b>	\$694,572:	\$661,912	State Appropriations
		\$32,660	Federal Block Grant

**PROGRAM GOAL:** To improve highway safety by providing assessment, education, intervention and treatment services for DUI offenders in an effort to reduce their risk of committing another DUI in the future.

**PROGRAM OBJECTIVES:**

- 1) To promote behavioral and attitudinal changes to help

DUI offenders avoid making high-risk decisions to drink and drive.

- 2) To reduce the incidence of DUI in South Carolina through DUI risk-reduction activities.

**PERFORMANCE MEASURES:**

During FY97, 14,063 individuals received 159,974 hours of direct service through ADSAP (*output*). In addition, interstate case management services were provided for 1,955 individuals who were convicted of DUI with permanent residence in another state or South Carolina residents who work or attend school out-of-state.

---

**PRIORITY #13**

**PROGRAM NAME:** *HIV and TB Early Intervention Services*

**Description:**

In order to comply with the requirements of the Substance Abuse Prevention and Treatment Block Grant for HIV and tuberculosis (TB) treatment and early intervention services, the department contracts with the South Carolina Department of Health and Environmental Control (DHEC) HIV/AIDS Division. Through this contract, HIV early intervention services are provided by DHEC for clients in the alcohol and other drug abuse system who are identified as high-risk or who have been diagnosed with HIV infection. These services are provided through subcontracts from DHEC to nine HIV/AIDS Consortia. Services consist of HIV counseling, testing and referral through the county health departments; CD4 lymphocyte testing and monitoring for HIV infection; medical care and supportive services for qualifying HIV infected clients; and anti-retroviral medications. In addition, DAODAS supports prevention, early intervention and treatment services for individuals whose use of alcohol and other drugs puts them at risk of acquiring TB. Funding is provided to the 34 county authorities to purchase TB testing services from the county health departments.

**PROGRAM COST:** HIV and TB services were supported during FY97 by federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant.



**FY97 Funding:**

***HIV Treatment***

**Total:** \$609,584      \$609,584 Federal Block Grant

***HIV Prevention***

**Total:** \$202,591      \$202,591 Federal Block Grant

***PROGRAM GOAL:*** To ensure the availability of HIV and TB services throughout the state for all South Carolinians in need.

***PROGRAM OBJECTIVES:***

- 1) To ensure that HIV early intervention services are provided throughout the state in locations that are accessible to all South Carolinians.
- 2) To ensure that TB testing service is available for all clients in the alcohol and other drug system who demonstrate a high-risk of contracting this disease.
- 3) To provide HIV early intervention services through DHEC's nine HIV/AIDS Consortia.

***PERFORMANCE MEASURES:***

As a result of the DAODAS and DHEC HIV Early Intervention Services Contract, the following occurred during FY 97:

- The local Ryan White Care Consortia provided treatment services to 694 alcohol and drug abuse clients.
- The local alcohol and other drug abuse authorities referred 103 clients to the local health departments for HIV counseling and testing services.
- DHEC provided HIV counseling and testing services to 35,396 clients. From this number, 360 clients indicated injecting drug use as a risk factor. From these 360 clients, 47 tested positive for HIV.

Additionally, through the Antiretroviral Drug Assistance program, 182 clients received medical support. Through the efforts of the HIV project coordinators, over 3,100 citizens received information on HIV risk reduction behaviors.

TB client numbers were unavailable for FY97.

### **PRIORITY AREA III: Prevention Services**

Prevention services remain a high priority for funding within South Carolina. In an attempt to avoid the development of problems related to the use of alcohol and other drugs among the general public and specific high-risk groups, DAODAS funded services focused on youth and the community at large.

---

#### **PRIORITY #14**

**PROGRAM NAME:** *Youth-Focused Prevention*

*Description:*

Youth-focused prevention programs are designed to work directly with young people in an attempt to instill in them positive behaviors, and thus, improve social norms. These programs use a variety of strategies to reach young people, including developmentally appropriate educational materials and activities that provide information about the problems of alcohol, tobacco and other drug use. In addition, the programs use more interactive teaching methods, such as role playing, discussions, brainstorming and cooperative learning, to teach prevention philosophies and methods to young people so they can develop and implement their own local prevention programs to reach other young people and adults in their schools and communities.

A major prevention effort during FY97, DOADAS began to perfect a plan to enforce "Synar". Beginning in 1994, all states which received federal substance abuse block grant funding from were required to: (1) have in place a law which denied access of all tobacco products to any person under the age of 18 years; (2) enforce that law; (3) conduct state-wide surveys of the availability of tobacco products to underage buyers; and (4) report to the federal government on an annual basis the results of the survey and enforcement activities. States were further required to develop methods of education for retail dealers of tobacco as well as the general public. This efforts are designed to reduce the demand and supply of tobacco products to underage persons. Since South Carolina began to implement the federal law, the availability of tobacco to youth has decreased from 56% to 23%.



**PROGRAM COST:**

FY97 was the third year in which DAODAS defined Youth-Focused Prevention as a separate program. During FY97, youth-focused prevention was supported by a combination of federal funds allocated to South Carolina through the Substance Abuse Prevention and Treatment Block Grant and the Safe and Drug-Free Schools and Communities (SDFSC) Act.

**FY97 Funding:**

<b>TOTAL:</b> \$343,875:	\$178,004	Federal Block Grant
	\$165,871	SDFSC Act

**PROGRAM GOAL:**

To reduce alcohol and other drug problems among youth by involving them in the development and implementation of youth-oriented prevention initiatives.

**PROGRAM OBJECTIVE:**

To encourage young people to get involved in prevention as a way to reduce problems related to the use of alcohol and other drugs.

**PERFORMANCE MEASURES:**

The department currently operates three major youth-focused prevention programs. These include the South Carolina Teen Institute (TI) for Alcohol and Other Drug Abuse Prevention, a yearlong program that begins each summer as teams of high school student leaders and their adult advisors attend intensive, week-long training sessions where they learn how to develop and implement local youth-focused prevention activities. In FY97, 87 teams of high school students and adult advisors (representing a total of 630 individuals) participated in the two, week-long training sessions held as part of the Teen Institute (*output*). The Youth Prevention Initiatives (YPI) grants program encourages young people to submit proposals for mini-grants for a maximum of \$1,000 each to assist in planning and carrying out local prevention activities. These teams in turn developed and implemented hundreds of local prevention activities that have impacted thousands of students and adults in their schools and communities. In addition, 21 YPI grants provided financial support for weekend versions of TI, commonly known as "mini-TIs," and other youth-focused prevention activities.

The Drug Abuse Resistance Education (D.A.R.E.) program is a highly structured, 17-hour curriculum that is taught in schools K-12 by field-experienced law enforcement officers. Also during the year, law enforcement officers taught the D.A.R.E. curriculum to approximately 80 percent of the state's 52,590 fifth-graders (*output*).

---

**PRIORITY #15**

**PROGRAM NAME:**     *Community-Based Prevention*

**Description:**

Through a planned system of primary prevention programs, the state focuses on planning, implementing and evaluating programs that are known to reduce risk factors and enhance protective factors to prevent alcohol and other drug problems within communities throughout South Carolina. Community-based prevention programs are provided through contracts with the county alcohol and drug abuse authorities, healthcare providers, schools, religious organizations, law enforcement agencies, local community coalitions, and other state and local groups.

Primary prevention programming in South Carolina is organized along the lines of the six strategy areas delineated by the Center for Substance Abuse Prevention (CSAP), which is responsible for the prevention portion of the Substance Abuse Prevention and Treatment Block Grant funds. DAODAS has also utilized this model for its Safe and Drug-Free Schools and Communities funding. The six strategy areas include information dissemination; education; alternative programming; community based processes; environmental processes; and problem identification and referral. In addition, primary prevention programs in South Carolina utilize risk and protective factor research of David Hawkins and Richard Catalano. This model stresses that factors which increase and adolescent's risk, identified by research, should be eliminated, modified or buffered and that factors which protect adolescents, also identified by research, should be enhanced in these youth.

**PROGRAM COST:**

Community-based prevention programs were supported during FY97 by a combination of state funds appropriated through the General Appropriations Act and federal funds, including the Substance Abuse Prevention and Treatment Block Grant, the Safe and Drug-Free Schools and



Communities (SDFSC) Act, and a competitive grant from the Center for Substance Abuse Prevention of the U.S. Department of Health and Human Services.

**FY97 Funding:**

<b>Total:</b> \$3,317,036:	\$175,000	State Appropriations
	\$2,017,058	Federal Block Grant
	\$935,370	SDFSC Act
	\$189,608	Other Federal

**PROGRAM GOAL:** To reduce the incidence and prevalence of alcohol and other drug problems among the citizens of South Carolina.

**PROGRAM OBJECTIVES:**

- 1) To delay the age of first use of alcohol to 21 and prevent the use of other illegal drugs.
- 2) To reduce the human and fiscal costs of problems associated with the use of alcohol and other drugs in South Carolina.
- 3) To promote overall health and wellness of individuals and communities.

**PERFORMANCE MEASURES:**

During FY97, 300,000 individuals participated in more than 8,000 different community-based prevention activities coordinated by the county alcohol and drug abuse authorities (*output*). These figures were reported through the Prevention Activities and Resource Management System (PARMS) data collection system installed during FY97.

The South Carolina Department of Alcohol  
and Other Drug Abuse Services  
3700 Forest Drive, Suite 300  
Columbia, South Carolina 29204

SOUTH CAROLINA STATE LIBRARY



0 01 01 0244958 3